



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH TOBACCO CONTROL PROGRAM

COMMUNITY-BASED TOBACCO CESSATION COUNSELING SERVICES - SPECIAL POPULATIONS OUTREACH

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity, Tobacco Control Program is soliciting proposals from community-based public or non-profit organizations to implement community-based tobacco cessation counseling services for outreach to special populations statewide. The Scope of Work is described in Section 5 of this RFP. Funding for this project is available through the Tobacco Control Program state account and is contingent upon funding. A total of \$300,000 is available to fund one selected agency. The initial project period is expected to begin approximately December 1, 2010 and continue through June 30, 2012. Applicants should submit a 19-month budget. Based on agency performance and availability of funds, the projects may be renewed for up to three (3) additional twelve-month periods at the exclusive option of the state. Proposals will be evaluated based on the relative merits of the proposal and an appropriate, realistic budget. A ten percent (10%) verifiable match will be required by the funded entity for each year of funding.

SECTION 2: BACKGROUND

The Rhode Island Tobacco Control Program (TCP) in the Division of Community, Family Health and Equity at the Rhode Island Department of Health (HEALTH) is the governmental organization responsible for addressing tobacco use as a major public health problem. Current smoking rates in Rhode Island have decreased to 15% for adults and 15% for youth, the first significant decreases occurring in 2004 and 2005 after years of limited movement up and down during the 1990s. While smoking among Rhode Islanders has declined, not all groups in the state have benefited equally and tobacco continues to take a terrible toll on Rhode Islanders, who experience disparate health impacts from tobacco use, either because of higher smoking rates or rates of youth initiation of tobacco use, targeted marketing by the tobacco industry, or other factors.

The following population groups have been identified as having disparities related to tobacco use and continued tobacco prevalence significantly higher than other population groups:

- 1) Poor
- 2) Pregnant women

- 3) 18-24 yr olds
- 4) Mentally ill
- 5) Native Americans
- 6) Lesbian, Gay, Bi-Sexual, and Transgender
- 7) African American

The Rhode Island Department of Health aims to implement best practices on cessation based on recommendations from the Centers for Disease Control and Prevention (CDC). Helping people to quit smoking is important because of the substantial health benefits to those who are able to quit successfully, such as increased longevity and decreased morbidity and mortality from heart disease, cancer, stroke, and chronic obstructive pulmonary disease. In addition to saving people from suffering from the wide-range of smoking-caused illnesses, cessation results in enormous declines in state health care costs and other smoking caused expenditures. CDC's recommendations are based on evidence-based analyses of State tobacco control programs. The following provides the basis for CDC's recommendations:

- Smoking cessation is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, PAP tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.
- State action on tobacco-use treatment should include the following elements:
 - Establishing population-based counseling and treatment programs, such as cessation helplines.
 - Covering treatment for tobacco use under both public and private insurance.
 - Eliminating cost barriers to treatment for under-served populations, particularly the uninsured.

These recommendations are the product of the successes of previous tobacco control activities in various states. Currently, Rhode Island carries out cessation services through a contract with JSI Research & Training Institute to provide a telephone Quitline (1-800-Try-To-Stop), that provides free telephone counseling and information materials. The program serves those 18 years and older.

In addition, the Office of Health Insurance Commissioner has mandated through Regulation 14 that health insurers in Rhode Island offer tobacco cessation counseling and pharmacotherapy (Nicotine Replacement Therapy, Chantix, etc.) to their members.

Regulation 14 assists the state's health insurers in:

- Improving access to tobacco cessation
- Establishing uniform standards for cessation treatment coverage
- Applying recent clinical practice guidelines in definition of cessation treatments
- Improving transparency of tobacco cessation coverage for Rhode Island's insured population.

SECTION 3: ELIGIBILITY CRITERIA

1. Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. Applicants must be able to demonstrate the stability of their organization as well as effective management and administrative performance.

2. The applicant organization must have competent staff with documented credentials. The applicant must provide culturally and linguistically appropriate services for the target population in the proposal.
3. It is essential that the applicant have technical (computer and electronic communication) capacity that enables direct access to the Internet and e-mail.

SECTION 4: ADMINISTRATIVE INFORMATION

PROJECTED TIMETABLE:

September 14, 2010	Proposals due at Health 4:00 pm
December 1, 2010	Approximate start date of contract

SUBMISSION PROCEDURES:

The deadline for submission of proposals is September 14, 2010 at 4:00 PM. No applications will be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand deliver their proposals, that will be date stamped upon receipt. Faxed and e-mailed applications are not acceptable. All proposals must be typed in English and single-spaced. The proposal narrative is limited to six (6) pages (this excludes budget and appendices). One original and six (6) copies must be delivered to:

Seema Dixit, Tobacco Control Program Manager
Rhode Island Department of Health
Three Capitol Hill, Rm. 409
Providence, RI 02908-5097
401-222-7463

SELECTION PROCESS:

Proposals will be reviewed by a committee comprised of staff from State departments who have experience working with community-based programs. Proposals will be reviewed and scored based upon the Proposal Evaluation Score Sheet (attached). Maximum score is 100 points and applicants scoring below 60 points will not be considered. The Department of Health reserves the right not to fund any proposal.

SECTION 5: SCOPE OF WORK

The Rhode Island Department of Health wishes to develop and implement community-based tobacco cessation counseling services for outreach to special populations statewide to reduce

adult smoking prevalence among our disparately affected populations (African Americans, Native Americans, pregnant women, low income individuals, unemployed and uninsured individuals, and 18-24 year olds) by providing assistance to smokers who want to quit smoking. The successful applicant will (a) hire and manage one or two (depending on the need) part-time bilingual (English/Spanish) mobile Tobacco Treatment Specialist(s) (TTSs) certified and trained in accordance with the Public Health Service's Clinical Practice Guideline *Treating Tobacco Use and Dependence* to provide local cessation services including tobacco assessment and screening at various locations throughout the state as needed; (b) securely house, dispense and account for Nicotine Replacement Therapy medications according to HEALTH's assessment and eligibility requirements; (c) provide outreach on cessation services to eligible target populations; (d) provide administrative oversight of the program and monthly reporting.

Tasks included in the scope of work include, but are not limited to the following:

1. Hire one or two (depending on the need) mobile part-time bilingual (English/Spanish) Tobacco Treatment Specialists, trained in accordance with the Public Health Services Clinical Practice Guideline *Treating Tobacco Use and Dependence* to provide the tobacco cessation counseling services statewide.
2. Deliver treatment services (individual and/or group counseling) appropriate to the smoker's stage of change in the quitting process: pre-contemplation, contemplation, preparation, action, and maintenance, which include follow-up and check status at intervals (C.F. Prochaska and DiClemente).
3. Conduct Intake Assessments that collect individualized, comprehensive, and accurate data necessary to determine a course of action and treatment plan.
4. Conduct Treatment Planning that identifies goals, challenges, and steps towards resolving challenges, resources and empirically based treatment strategies.
5. Offer free pharmacotherapy (Nicotine Replacement Therapy, i.e. patch) unless contraindicated.
6. Collect client and program documentation that adheres to the Agency for Healthcare Research and Quality Guidelines.
7. Develop and track measures of program utilization and effectiveness.
8. Document client services including screening, assessment, treatment planning, and group and individual counseling in progress notes for every treatment session in accordance with the Rhode Island Tobacco Control Program documentation requirements.
9. Valid RI driver's license(s), and secure a registered, insured, inspected vehicle by December 1, 2010.
10. Have access to a computer to access electronic mail, the Internet and Microsoft Word by December 1, 2010.
11. Have access to a telephone, which is available to the states' Quitline.
12. Store securely, dispense, and account for Nicotine Replacement Therapy (NRT) medications.
13. Provide administrative oversight of the program and monthly reporting.
14. Conduct cessation-counseling services at various locations statewide, as needed.

SECTION 6: REQUIRED COMPONENTS OF THE PROPOSAL

1. COVER PAGE: The purpose of this page is to provide very basic summary and identification information regarding the proposal. Please use attached form.

2. COVER LETTER: Applicant agency must submit a cover letter from its Board of Directors and indicate the name of the agency's designated contact person and the name of the person who is authorized to sign the contract. Please include the agency's FEIN number.

3. AGENCY DESCRIPTION: Provide a description of your agency including:

- Type of agency
- Population served
- Proof of non-profit status (501c3); attach as an appendix
- Structure and organization of agency including the ethnicity of current staff and Board of Directors

4. PROPOSAL NARRATIVE: The narrative must include:

1. Goals and Objectives: List measurable goals and objectives of your proposal using the Scope of Work discussed in this document as a guide.
2. Background: Describe prior experience working with community organizations, as well as partnerships that would increase utilization of services to the target population. Describe the geographic area served and the racial ethnic groups served and low-income and uninsured groups served.
3. Describe an Approach, Project Work plan and Timeline that are clear and detailed and meet the needs of the target population. Clearly demonstrate when and how each task in the work plan will be carried out, and methods to assure participation of all involved.
4. Evaluation Plan: Outline a process and outcome evaluation plan and describe how objectives will be accomplished. Identify tools applicable to the project whenever possible.
5. Project Staff and Organization: Staff proposed for the program must be capable. Resumes, job descriptions, and organization charts for staff and identification of Board of Director's members should be included in the appendices, with race/ethnicity identified for each. Indicate percentage of time each staff member will devote to the project.

Indicate how you will deliver culturally and linguistically appropriate services to the target populations. Racial and ethnic minority populations are identified by OMB Directive 15, that includes but is not limited to: African Americans and Native Americans in our target population. Please include information pertaining to the following: The projected number of clients to be reached by the project, demonstrate the agency's access and/or proposed outreach to the population described above; and provide a description of how racial and ethnic composition of

the target population will be given consideration in the selection and recruitment of administrative and service delivery staff. If these groups are not identified as a target population for service delivery by your program, please provide a paragraph explaining the reasons why these populations are not an appropriate target group for your program.

SECTION 7: REPORTING REQUIREMENTS

The successful applicant will be required to submit the following:

- 1) An invoice by the tenth of each month (including all back-up documentation) following the delivery of services;
- 2) Activity reports, as specified by the Department of Health in accordance with federal reporting requirements for monthly, quarterly, and one year reporting. A final report including a description of program activities and results of services will be required. Reporting forms will be provided by the Department of Health.

CONTRACTOR RESPONSIBILITIES:

1. Computer support
2. Office space, office equipment, office support
3. Indemnification, insurance, performance bonds
4. Supervision of subcontractors

SECTION 8: BUDGET AND BUDGET NARRATIVE:

1. Project Budget for a 19-month period
2. Budget Narrative: detailed description of each budget outline entry.

This component consists of two parts--a financial budget summary, that lists allowable expenses and a budget narrative, which is a description of each budget line item entry. The budget narrative must also include the personnel and percentage of time and hourly rate each staff member will devote to the project. Please show a 10% verifiable match (required contribution) by your agency. Please submit a budget for a 19-month period that is sufficient to accomplish the project goals and not inflated. The contract award will be prorated monthly, if needed, in accordance with the actual start date of the contract.

Applicants will be scored according to the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs. administrative costs. Those projects ranked highest by the Technical Review Committee may be asked to make oral presentations or provide clarifications or revisions prior to final recommendation for award.

SECTION 9: APPENDICES

- A. Letters of support/collaboration
- B. Curriculum vitae/resumes for key personnel
- C. Copy of organization's Board of Directors with race and ethnicity of board members indicated

E. Copy of 501c3 (proof of non-profit status)

PROJECT BUDGET (19 Months)

<u>Expense Category</u>	<u>Amount Requested</u>
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Personnel

- List name(s), title of position(s), FTE, and hourly rate

Fringe Benefits

Consultants

- List name(s), title of position(s), and hourly rate

Travel (local)

Travel (out of state)

Printing/Copying

Supplies

Resource Materials

Telephone

Postage

Subcontracts (specify)*

Other (describe)

TOTAL:

*No more than 25% of total grant request can be used to subcontract with any for-profit entity.
This line should not be used for payments to individuals.

Applicant must provide a verifiable match of at least 10%.

BUDGET NARRATIVE

Please provide a detailed description and justification of each cost associated with this project.

PROPOSAL EVALUATION SCORE SHEET

Representatives of HEALTH will form a Technical Review Committee to make recommendations on proposals based on the evaluation criteria below. All reviewers will use this form to score each proposal. The maximum possible score is 100 points. Proposals that are scored below 60 points will not be considered.

<hr/> 0-15 points	Goals and Objectives and Timelines Applicant demonstrated feasibility and clarity in accomplishing program goals and objectives, as well as a reasonable amount of time to implement program activities.
<hr/> 0-20 points	Background Applicant has demonstrated experience working with the targeted population to provide the services in the Scope of Work, including existing partnerships with state and local health care agencies and coalitions, and key linkages with the clinical leadership of Community Health Centers.
<hr/> 0-15 points	Approach/Project Work Plan Applicant has presented a plan of action that is clear and detailed, and meets the needs of the target population. The applicant has clearly demonstrated how and when each task in the work plan will be carried out, and methods to be used to assure participation of all players.
<hr/> 0-15 points	Evaluation Applicant has clearly described the methods the agency will use to evaluate progress towards meeting goals and objectives.
<hr/> 0-15 points	Project Staff and Organization Applicant has demonstrated that the staff proposed for the project is capable and included requested appendices are included in the application.
<hr/> 0-20 points	Budget Applicant has submitted a budget and budget narrative that reflects appropriate expenses to accomplish the project goals and is cost effective.

TOTAL SCORE

Comments:

ATTACHMENT

COVER PAGE

The purpose of this page is to provide very basic summary information about the proposal that the prospective funding source can review quickly and use for identification.

NAME OF APPLICANT AGENCY_____

ADDRESS OF APPLICANT AGENCY_____

TELEPHONE NUMBER_____

FAX NUMBER_____

CONTACT EMAIL ADDRESS_____

F.E.I.N. #_____

PROJECT TITLE_____

AMOUNT REQUESTED: _____

SUMMARY OF PROJECT: